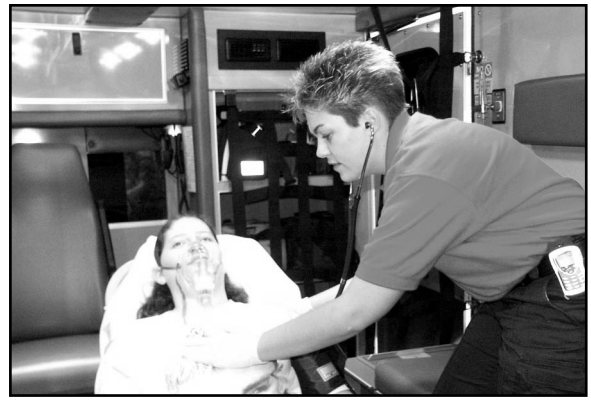
ARLINGTON EMS
READY-CARE
Membership Agreement

October 1, 2002 – September 30, 2003



By signing the 2002-2003 AMR Membership Application ("Application"), I agree, on behalf of myself and the family members of my household listed on the Application, to abide by the terms of AMR's 2002-2003 Membership Program, as set forth in this Agreement. My membership will begin October 1, 2002 and will expire midnight on September 30, 2003. I understand that Medicaid patients are not permitted to enroll in this program.

PERSONS COVERED: This Agreement covers the household family members listed in my Application, so long as they remain full-time members of the specified household and the children listed are 21 years of age or younger and a full-time student. New household family members may be added, family members may be deleted or the household location may be changed by written notice to AMR, effective the day following receipt by AMR of such notice.

COST OF MEMBERSHIP: To become an AMR member, I hereby pay AMR a non-refundable and non-transferable fee of $45.00/Yr with Primary and Secondary insurance; $50.00/Yr with primary insurance only or $325.00/Yr with no insurance . I warrant that all the information in the Application is true and correct. AMR reserves the right to request documentation demonstrating the accuracy of such information.

PAYMENT FOR SERVICES: I understand that I am responsible for payment for any services provided to me by AMR, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those AMR services specified in this Agreement. This benefit is subject to certain limitations specified in this Agreement. As a condition of receiving this benefit, I hereby assign (hand over) to AMR all rights and benefits that I or the other family members of my household have under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans, or from other third party payers or sources which provide coverage or would otherwise pay for ambulance services. Such payment sources are collectively referred to in this Agreement as "insurance." I authorize payment of all insurance benefits or payments to AMR.

I understand that AMR will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance, up to the amount of AMR's charges for its services. When requested by AMR, I agree to complete any forms and take any other reasonable action that may be necessary to collect such amounts. If I or anyone on my behalf receives any insurance or other third party payments for ambulance services provided by AMR, I will promptly turn over those payments to AMR.

BENEFITS: Payment of membership fee and compliance with the terms of this Agreement entitle members to the following benefits:

a. Emergency ambulance services: Members who receive medically necessary advanced or basic life support emergency ambulance services from AMR as a result of an "emergency medical condition," as defined by federal law, shall pay nothing out of pocket, except as specified herein.

b. Non-emergency ambulance services. Members who receive medically necessary advanced or basic life support non-emergency ambulance services from AMR shall pay nothing out of pocket, except as specified herein.

LIMITATIONS and CONDITIONS: Membership benefits only extend to AMR's advanced or basic life support ambulance services staffed with paramedics and/or EMT-Is. Membership benefits are inapplicable to services rendered by any other provider.

As a condition of receiving the benefits of membership with respect to any ambulance transport, a member with insurance must comply with all coverage conditions of the applicable insurance program for such transport. Some insurance programs require the insured person to obtain prior authorization of payment for non-emergency ambulance services. Some plans require certain documentation from the insured within a specified time limit, or the plans deny or reduce coverage for ambulance services. In the event a member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by membership, or the services are denied covered, AMR shall provide the member with a 50% discount off of its usual and customary charge for such transport. Non-Insured family members will receive a 50% discount for services rendered.

Membership only covers ambulance services that begin in Arlington and terminate in the service area(s): Arlington, Fort Worth & Dallas hospitals. No benefits are provided for services rendered outside this area.

I agree to pay AMR for any services it provides that are not covered by the membership benefit.

AMR reserves sole discretion to deny or revoke membership and to refund membership fees (in full or in part) for reasonable cause, including but not limited to failure to comply with the terms of this Agreement. If AMR revokes my membership, I will pay all balances in full.

AMR reserves the right to discontinue its membership program at any time upon notice to members. In such event, AMR shall return a pro rated portion of the membership fee. AMR also reserves the right to unilaterally modify the terms of membership. AMR may assign its rights or duties under this Agreement.

- If you have no insurance, or your insurance denies your claim, AMR will bill you for ½ the usual and customary charges.
- All family members, up to 21 years or younger, living at your residence are covered under one membership.
- We will complete all necessary paperwork, file claim and negotiate with your insurance company.
- Memberships are effective from October 1, 2002 through September 30, 2003.
- Open enrollment period is August and September 2002. Applications must be received, with payment, postmarked prior to October 1, 2002.

READY-CARE APPLICATION - October 1, 2002 – September 30, 2003

Please complete all information below and sign the *Ready-Care* membership agreement. Return your completed form with your payment to AMR, Arlington EMS Ready-Care, 1108 East Division Street, Arlington, Texas 76011

First name _____ Middle initial _____ Last name _____

SS#: _____ Date of birth _____ ❑ Male ❑ Female

Primary Insurance: _____ Policy #: _____ Group #: _____

Insurance Company Address: _____

Supplemental Insurance: _____ Policy #: _____ Group #: _____

Supplemental Insurance Address: _____

Other Family Members of Household

First name _____ Middle initial _____ Last name _____

SS#: _____ Date of birth _____ ❑ Male ❑ Female

First name _____ Middle initial _____ Last name _____

SS#: _____ Date of birth _____ ❑ Male ❑ Female

First name _____ Middle initial _____ Last name _____

SS#: _____ Date of birth _____ ❑ Male ❑ Female

First name _____ Middle initial _____ Last name _____

SS#: _____ Date of birth _____ ❑ Male ❑ Female

Do not send cash — make check or money order payable to AMR (American Medical Response)

PLEASE ATTACH COPIES OF BOTH THE FRONT AND BACK OF ALL YOUR PRIMARY AND SECONDARY INSURANCE CARDS.

All membership applicants 19 years or older must sign below

I hereby apply for membership in the Arlington EMS ***Ready-Care*** Membership Program. I have reviewed the ***Ready-Care*** Membership Agreement and agree to abide by the terms thereof. I request payment of authorized Medicare or other insurance benefits to me or on my behalf to Arlington EMS for any ambulance services and supplies furnished to me by Arlington EMS. I authorize any holder of any of my medical information to release that information to the Centers for Medicare and Medicaid Services, its agents and carriers, or Arlington EMS, in order to determine benefits payable on my behalf, now and in the future. This agreement and authorization is executed on my own behalf and on behalf of other members of my household, if they are minors or otherwise unable to sign.

X _____ Date _____

X _____ Date _____

SIGNATURE OF OTHER ADULT MEMBER